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TO: Registration Section Division of Corporations	COVER LET	TER
Connolly Holding	gs LLC	
	Name of Limited Liab	ility Company
Dear Sir or Madam:		
The enclosed Registered Agent/R	legistered Office Change and fee	e(s) are submitted for filing.
Please return all correspondence	concerning this matter to the fol	lowing:
Ryan Connolly		
Name of	Person	· · · · · · · · · · · · · · · · · · ·
Connolly Holdings LLC		
Firm/Ço	mpany	
11013 Bronson Rd.		
Addres	S	
Clermont, FL 34711		:
City/State ar	nd Zip Code	i i
rp.connolly8@gmail.com		I
E-mail address: (to be used	for future annual report notifica	tion)
For further information concerning	ng this matter, please call:	
Ryan Connolly	317 at (6982194
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center O Tallahassee, Florida 3230 Enclosed is a check for	Regis Divis P.O. I ircle Tallal 01 the following amount:	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314
☑ \$25 Filing Fee		Filing Fee & Certified Copy
INHS18 (2/14)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent. or both, in the State of Florida.

I. Na	 ame of the limited liabilit	y company: Connolly Ho	Idings LLC	>		ţ	
2. (a)	Patrick Connolly		(b)	Patrick Connolly			
_, (,	- 1	ss of limited liability company: BE STREET ADDRESS)	(-).	Mailing address (<u>Note: MAY</u>)			
	11013 Bronson Rd	1		11013 Bronson Rd.			
	Clermont, FL 3471			Clermont, FL 34711		;	
	4/24/2017		L	16000160345			
3.	Date of filing/r	gistration in Florida	4.	Document n	итрег	i	
5. (a)	Registered Agent and Registered Agent and Registered Agent and Registered Ryan Connolly	red Office shown on the records o	of the Florida D	ept. of State:		I	
	Registered Office Address 1206 E Jackson St	MUST BE FLORIDA STREET	<u> ADDRESS)</u>		R !		
	Orlando	. F	L_32801		VLL AF	17- BE	
(b)	Enter name of <u>NEW Registe</u>	red Agent and/or <u>NEW Registere</u>	ed Office addr	<u>ess</u> :	IARY OF STATE ASSEE FLORIDA	17-0EC 1-4 - AM-7: 2	1
	Patrick Connolly				÷ LA! FLORI	-7: 3 5: (-	
	NEW Registered Office Add				©	Lay	
	11013 Bronson Rd.						
	Clermont	 , F	L	<u>_</u> _		ł	
the cha agent v was/wo	inge or changes are made will be identical. Or, in the ere authorized by an affir	is not organized under the l. the Florida street address on the case of a Florida limited metric vote of the members of operating agreement of the strength of the strengt of the strength of the strength of the strength of	of the registe liability com of the limit le limited lia	ered office and the busi ipany, it is hereby conf ed liability company or	ness office irmed that	e of th the c	e registered hange(s)
Signa	ture of a member or authorized	l representative of a member		Printed or type	d name of si	gnee	
1 here provisi the obl to mero notified	by appart the appaintment	to registered agent and a to the proper and complet stregistered agent as provid registered office address,	gree to act ii e performan led for in Ch I hereby con	a this sanasity. I funth	an arrendant.	-	ply with the 1 and accept 2 being filed has been

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 || FILING FEE: \$25.00